

RETURN TO: Office of Attorney General

Licensing Section

600 E Boulevard Ave Dept. 125 Bismarck, ND 58505-0040 Telephone: 701-328-2329

The undersigned applicant hereby makes the following statements under oath, before a notary public:

1. Name of Applicant:						
List all other names you have used including nicl what period and under what circumstances were						
2. Business Address: (Street Address)	City:	State:	Zip C	ode:	Telephone Number:	
3. Mailing Address:	City:	State:	Zip C	ode:	Telephone Number:	
4. Date of Birth:						
5. Are you a Citizen of the United States?	□Yes □No					
6. Have you ever been Charged with a Felony of If so, Please Explain by Attachment:	or Misdemeanor?	□No				
7. List Chronologically all Addresses for Past 1 (Years, Include Street Addresses	, City, State, ar	nd Date	s (Month and Year) of	Residence at Each Address:	
STREET ADDRESS	STREET ADDRESS CITY		TE ZIP COD		DATES	
Sive Name or Names of Immediate Supervis	ors:			1		
9. List Business Name You will Use in North Da	kota:					
List Place of Business, in North Dakota, Where y	our License will be Displayed:					
10. Has a Civil Action ever been Brought Against you Pertaining to a Polygraph Examination? ☐ Yes ☐ No						
If YES, Explain:						
11. MILITARY SERVICE						
Dates:						
Type of Discharge:						
12. PROFESSIONAL HISTORY			_			
What is your principal occupation?		<u> </u>				

Office of Attorney General/Licensing Section SFN 11416 (10-2001) Page 2

What was the date and place that you first entered the field of detection of deception examination?									
Place: Date:									
Describe completely, including dates, your formal detection of deception examiner training (name of training facility and instructor(s), certificate of completion awarded, whether of training or graduate):									
List dates, type of membership, name and addresses of all polygraph organizations you have been a member of as a polygraph trainee or examiner:									
DATES	TYPE OI MEMBERS		NAME	Н	OME ADDRESS	CITY STATE		ZIP CODE	
13. EDUCATIONAL	BACKGROU	ND							
Did you receive a high school diploma?									
Name of School: Street Address:					City:		State:	Zip Code:	
Have you attended a college or university? ☐ Yes ☐ No									
If so, please enter the name of the institution and its address, as well as the years you attended and degrees obtained:									
Years Attended:	Degrees Obtain	ed:	Name of School: Stre		et Address:	City:		State:	Zip Code:
14. PRIOR EXPERIENCE									
Please describe any previous employment you have had involving the use of polygraph testing, including names of employers, dates of employment, and hours of experience you had in actual use of the polygraph/:									
NAME OF EMPLOYER DATES OF EMP			MPL	OYMENT HOURS OF EXPERIEN			ENCE		
List a breakdown of number of criminal, preemployment, and commercial tests given:									
Criminal: Preemployment			Commercial:		Total Number of Subjects Tested:				

15. REFERENCES

Please list three persons, other than relatives, who are in a position to provide information regarding your truthfulness, integrity, honesty, and moral fitness:							
NAME	HOME ADDRE	ESS	CITY	STATE	ZIP CODE		
Α.							
В.							
C.							
Name and address of one (1) reference who can certify your efficiency in polygraph:							
Name:	Street Address:		City:	State:	Zip Code:		
16. Describe the type of examination activity in which you expect to work:							
17. Do you agree to demonstrate your ability to conduct a polygraph examination before a committee of polygraph examiners, as appointed by the North Dakota Attorney General or his appointee, at any time he feels it is warranted?							
APPLICANTS FOR INTERNSHIP LICENSE ONLY							
18. Do you agree to comply with any and all internship license regulations promulgated by the Attorney General?							
19. Name of licensed North Dakota polygraph examiner who will supervise you:							
Street Address: City: State:							
20. In which state are you currently licensed other than by reciprocity?							
21. In which other states are you currently licensed by reciprocity?							
22. Have you ever held a license as a polygraph examiner in any other state? Yes No							
23. Do you have an application pending for licensing as a polygraph examiner in any other state? If YES, which state?							
24. Have you been engaged in the administration of polygraph examinations for the past two year period? ☐ Yes ☐ No			How many examinations				
PLEASE ATTACH COPIES OF THE FOLLOWING: (1) The polygraph examiners license laws of the state from which you are seeking reciprocity. (2) A copy of your current polygraph examiners license from the same state.							
I understand that any detection of deception license issued to me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on this application will be the basis for a cancellation of said license at any time. I agree to these conditions and I hereby swear that all statements made by me on this entire application are true and complete to the best of my knowledge.							
State of)	of)						
State of) County of)	sty of)			Signature:			
Subscribed and sworn to before me this day or	f	,20)				
(Seal)			Notary Public:				
			My commission expires on:				

CONSENT TO SERVICE

I hereby file with the Attorney General my irrevocable consent in accordance with Section 43-31-06 of the North Dakota Century Code that actions against this applicant may be filed in any appropriate court of any county of this state in which the plaintiff may reside or in which some part of the alleged cause of action may arise and that service of process in any action may be served on this applicant by leaving two copies thereof with the Attorney General. I understand that if such process is served upon this applicant by leaving two copies of such process with the Attorney General, he shall send by registered or certified mail one copy of the process to my business address shown on my application for a polygraph examiner's license and I hereby agree and stipulate that such service of process shall be taken and held to be valid and binding for all purposes.

State of)	Signature:
County of)	
Subscribed and sworn to before me this day of	,20
	Notary Public:
(Seal)	My commission expires on: